

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NEA Advocacy Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489815		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Shorr Johnson Magnus Strategic Media</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 19 / 2016</div>		
Mailing Address 100 N. 20th St., Ste 201			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">1551.27</div>		
City Philadelphia		State PA	Zip Code 19103		Transaction ID : B633014
Purpose of Expenditure Radio ad production		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 19 / 2016</div>	
Name of Federal Candidate Toomey, Pat, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 19 / 2016</div>		
Mailing Address 3050 K Street NW, Ste 100			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">151250.00</div>		
City Washington		State DC	Zip Code 20007		Transaction ID : B632870
Purpose of Expenditure Radio Ad buy		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 19 / 2016</div>	
Name of Federal Candidate Toomey, Pat, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">152801.27</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edwards, Michael, ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 20 / 2016</div>		